

Person Filing: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number(s): _____
 Represented by ☐ Self (No Attorney) OR ☐ by Attorney
 (If Attorney) Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of

Case Number: _____

CONSENT OF MINOR TO NAME CHANGE (if minor is 14 or older)

A Minor

REQUIRED INFORMATION FROM MINOR, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT ME:

Name on Birth Certificate:

First	Middle	Last

Address: _____

Telephone: _____

Date of Birth (Month / Day / Year): _____

Month Date Year

Place of Birth (City, State, Nation): _____

City State Nation

☐ I am the minor who is the subject of this name change request.

☐ I am at least 14 years of age.

2. I have read the Application for Name Change and consent to changing my legal name to:

First	Middle	Last

3. I waive notice of all further proceedings in this matter.

OATH OR AFFIRMATION OF MINOR

The contents of this document are true and correct to the best of my knowledge and belief.

Signature

Date

Sworn to or affirmed before me this date:

My Commission expires

Notary Public or Deputy Clerk